

CITY OF GREENVILLE
INDIVIDUAL
APPLICATION FOR MONTHLY PARKING
IRVINE ST. PARKING LOT

NAME _____ **BUSINESS NAME** _____
(PLEASE PRINT OR TYPE) (PLEASE PRINT OR TYPE)

HOME ADDRESS _____ **BUSINESS ADDRESS** _____
(NUMBER AND STREET) (NUMBER AND STREET)

CITY _____ **STATE** _____ **ZIP** _____ **CITY** _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **BUSINESS PHONE** _____ **DL NO.** _____

The parking fee is **\$46.60** per month, and is due in advance, on or before of the first day of each month. If the fee is not paid by the 10th of the month, a late fee will be added totaling 10% of the outstanding balance. Additionally, the monthly stickers will not be issued until the account is current.

Once the Tag is issued it will allow you to park at this facility only. The Tag is to be used by **you only, NO EXCEPTIONS**. Unauthorized use of the Tag by other persons will result in cancellation of this agreement.

There is a **\$46.60** per Tag deposit due, in advance and refundable, without interest, upon surrender of your valid Tag. (The deposit will be returned in full provided that all monthly charges are paid in full and the Tag is returned to the City no later than the 5th day of the month. If tag is not returned by the 5th day of the month, you will owe for that month.)

Loss of a valid monthly Tag results in a replacement fee of **\$15.00** per Tag.

NO REFUNDS shall be given for parking fees.

The City of Greenville reserves the right to cancel this agreement, at its discretion, given a thirty (30) day written notice.

The City reserves the right to increase parking fees after giving a thirty (30) day written notice.

The monthly Tag is valid only for regular business hours as determined by the City. This applies to all rented spaces. Regular business hours are defined as Monday through Friday, 7:00 a.m. to 6:00 p.m. Monthly parkers entering the garage without their Tag will be subject to a ticket.

Make checks payable to "**CITY OF GREENVILLE**", please put Card number and facility name on your check and mail to City of Greenville, Parking Services Division, P.O. Box 488, Greenville, SC 29602.

The City shall not be responsible for loss, damage to property or personal injury as a result of parking at the above location. The undersigned relieves the City from any and all claims which they may have.

Any vehicle left in this parking lot longer than 72 hours (3 days) without notifying the Parking Bureau, is subject to being towed, at the owner=s expense, at the discretion of the Greenville Police Department.

City ordinance prohibits smoking in stairwell and elevators at all times.

Primary vehicle information:

Secondary vehicle information:

Year _____ Make/Model: _____ Year _____ Make/Model _____

State: _____ Tag# _____ State: _____ Tag # _____

Color: _____ Color: _____

I have read and understand the above application and agree to abide by all rules and regulations of said application.

SIGNATURE OF APPLICANT

DATE

NOTIFY THE PARKING DIVISION AT 467-4900, WHEN CHANGES IN VEHICLE(S) OR ADDRESS INFORMATION OCCURS.

OFFICE USE ONLY:

Date Issued: _____ **Tag #:** _____ **Issued By:** _____

Revised January 14, 2004